

**APPLICATION FOR
CHANGE OF PRIVATE INVESTIGATION
AGENCY PRINCIPAL**

FOR VALIDATION ONLY

001-070-299-0012

Check the type of change for which you are applying:

☐ **Change of Unarmed Principal - \$150**

(Include one completed fingerprint card)

☐ **Change of Armed Principal - \$250**

(Include one completed fingerprint card)

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
Public Protection Unit
PO Box 9048
Olympia, WA 98507-9048**

Agency Information

Please type or print clearly and sign on page 2

Agency Name		Telephone No. ()		FAX No. ()	
Washington State Business Address (Number, Street, and Suite or Room Number)					
City		State WA	Zip Code	County	
Business Mailing Address (If Different)					
City		State	Zip Code	County	
Type of Business (Check One) <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign corp.			No. of Partners (If Partnership)		UBI No.
Branch Office Address - List Additional Branch Office Addresses on a Separate Sheet (Street, City, State, Zip)					

Principal Information

Principal Name (Last, First, Middle Initial)				
Home Address (Number, Street, Apartment No.)				
City		State	Zip Code	County
Date of Birth	Gender (Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship Status (Check One) <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien	Social Security No. (Required per RCW 26.23.150)	
Requirement Under Which You Will be Qualifying for Licensure (Check One)			<input type="checkbox"/> Examination – see page 2 <input type="checkbox"/> 3 Years Experience in Private Investigation or Related Field	

Legal Profile Attach requested documents and a separate explanation sheet for "Yes" answers

	Yes	No		Yes	No
1. Have you ever been found guilty of, or held liable for, divulging confidential information obtained in the course of an investigation to which you were assigned?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever been convicted of a gross misdemeanor or felony as a juvenile or adult?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of making a material misstatement or omission in the application for or renewal of a license or firearms certification?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had a private investigator license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been found guilty of, or held liable for, incompetence or negligence that resulted in injury to a person or created an unreasonable risk that a person could have been harmed?	<input type="checkbox"/>	<input type="checkbox"/>	and date _____)		
4. Have you ever been found guilty of accepting employment that was adverse to a client or former client as it related to confidential information you obtained in the course of your employment by the client?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever held a private investigator license in any other state or jurisdiction? If "yes," in what jurisdiction? (Please insert name of state)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of any act involving unethical or immoral behavior?	<input type="checkbox"/>	<input type="checkbox"/>	and date _____)		
			9. Are you currently licensed or have you ever held a Private Investigator license in Washington State? If yes, please provide license number	<input type="checkbox"/>	<input type="checkbox"/>

If any conviction has been dismissed, please enclose copies of the court documents.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6611 or TTY (360) 664-8885.

Experience you must provide proof of your past employment



Please document your experience beginning with your most recent (or current) position. Acceptable forms of proof include: copies of payroll checkstubs showing company name and pay period, copies of your federal tax return for the period(s) listed, certification from the employer verifying your status and time employed. Verification of license/registration from another state/jurisdiction is acceptable **only** if that state/jurisdiction has requirements that meet or exceed those required by Washington state. Use the enclosed verification form for out-of-state work history.

Start with your most recent (or current) position, then work backward.

Type of Experience	From (Mo-Da-Yr)	To (Mo-Da-Yr)
Company Name		
Company Address (Number and Street, City, State, Zip)		
Type of Experience	From (Mo-Da-Yr)	To (Mo-Da-Yr)
Company Name		
Company Address (Number and Street, City, State, Zip)		
Type of Experience	From (Mo-Da-Yr)	To (Mo-Da-Yr)
Company Name		
Company Address (Number and Street, City, State, Zip)		

If you wish to take the examination for licensure, mark your choice of locations below. Mark your first choice with a "1" in the box and your second choice with a "2". Notification of the examination date and place will be mailed 2-3 weeks after receipt of the application.

<input type="checkbox"/>	Anacortes	1005 Commercial St	<input type="checkbox"/>	Mount Vernon	1920 S 3rd St
<input type="checkbox"/>	Auburn	3310 Auburn Way N Ste H	<input type="checkbox"/>	Omak	646 Okomo Dr, Ste E
<input type="checkbox"/>	Bellevue	525 156th Ave SE	<input type="checkbox"/>	Parkland	2502 112th St E Ste 200
<input type="checkbox"/>	Bellingham	1904 Humboldt St Ste B	<input type="checkbox"/>	Poulsbo	19045 Hwy 305 NE Ste 140
<input type="checkbox"/>	Bothell	18132 Bothell Way NE Ste B6	<input type="checkbox"/>	Port Angeles	228 1st St
<input type="checkbox"/>	Bremerton	4841 Auto Center Way Ste 101	<input type="checkbox"/>	Port Townsend	2300 S Park Ave
<input type="checkbox"/>	Centralia	2426 Reynolds Ave	<input type="checkbox"/>	Pullman	980 S Grand Ave
<input type="checkbox"/>	Clarkston	603 3rd St	<input type="checkbox"/>	Puyallup	405 W Stewart St Ste A
<input type="checkbox"/>	Colville	172 S Wynne St	<input type="checkbox"/>	Renton	1314 Union Ave NE Ste 4
<input type="checkbox"/>	Everett	5313 Evergreen Way	<input type="checkbox"/>	Seattle - Downtown	380 Union St
<input type="checkbox"/>	Federal Way	1414 S 324th St Ste 105	<input type="checkbox"/>	Seattle - Greenwood	320 N 85th St
<input type="checkbox"/>	Ilwaco	208 First St	<input type="checkbox"/>	Spokane East	11530 E Sprague Ave
<input type="checkbox"/>	Kelso	214 S Kelso Dr Bldg F	<input type="checkbox"/>	Sunnyside	2010 Yakima Valley Hwy
<input type="checkbox"/>	Kennewick	3311 W Clearwater Ste 110	<input type="checkbox"/>	Tacoma - South	6402 S Yakima Ave Ste C
<input type="checkbox"/>	Kent	25410 74th Ave S	<input type="checkbox"/>	Tacoma - West	8313 27th St W (University Pl)
<input type="checkbox"/>	Kirkland	10639 NE 68th	<input type="checkbox"/>	Union Gap	2725 Rudkin Road
<input type="checkbox"/>	Lynnwood	18023 E Hwy 99 N	<input type="checkbox"/>	Vancouver	1301 NE 136th Ave
<input type="checkbox"/>	Lacey	645 Woodland Square Lp SE	<input type="checkbox"/>	Walla Walla	145 Jade St
<input type="checkbox"/>	Marysville	601 Delta Ave	<input type="checkbox"/>	Wenatchee	325 N Chelan Ste B
<input type="checkbox"/>	Moses Lake	1007 W Broadway	<input type="checkbox"/>	White Salmon	156 NE Church Ave

Certification

I, _____, certify that the information
print name

provided in this application is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact in my application for principal of a private investigation agency, it constitutes grounds for suspension or denial of a license for the company. I understand the department may conduct a complete background investigation regarding my qualifications as outlined in RCW 18.165.

X

Signature of applicant

Date

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**



VERIFICATION OF LICENSE/REGISTRATION

To Applicant:

In order to assist the state/jurisdiction in which you had current licensure/registration in providing information to this agency, complete **this section only** and forward to the appropriate licensing authority in that state/jurisdiction. That state/jurisdiction may charge a fee for this service.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

License/Registration/I.D. Card No. _____ Expires ____/____/____

To Licensing Authority:

The above named individual is applying for licensing in Washington State as a Private Investigator based upon his/her license/registration in your jurisdiction. It would be appreciated if you will provide the information below to support his/her application in Washington. The completed form may either be returned to the individual at the address provided or forwarded directly to this office at the address above. Thank you for your assistance to this applicant.

State/Jurisdiction: _____

License/Regist. # _____ Date Issued ____/____/____ Expires ____/____/____

License/Registration As: ☐ Unarmed Private Investigator ☐ Armed Private Investigator ☐ Principal of Company

Licensee met minimum preassignment training and testing requirements which consisted of: ☐ Yes ☐ No
(Please attach a copy of licensing prerequisites and training requirements)

Are there any complaints against Licensee? ☐ Yes ☐ No

If "YES" to above, type? _____

Any other information you are able to release will be appreciated. _____

X _____

Signature of Administrative Officer

for the state of _____

Dated this _____ day of _____, 20____